

# LETTERS

## GATEKEEPING AND DELAYED DIAGNOSIS

# Delayed diagnosis: longer and improved GP training and more GPs are the answer

Denis Pereira Gray *consultant and professor*, Philip Evans *senior partner*, Eleanor White *Exeter University Bachelor of Medical Sciences student on placement*, Alexander Harding *partner*, Peter Langley *health service researcher*

St Leonard's Practice, Exeter EX1 1SB, UK

Hawkes describes how NHS gatekeeping delays diagnosis.<sup>1</sup> A serious problem exists in all health systems in quickly diagnosing serious rare diseases. UK NHS cancer outcomes are worse than in some continental countries. GP delay in diagnosis is a serious problem, but so is post-referral delay, relatively fewer x ray machines, and fewer specialist treatments available—both drugs and radiotherapy.

England has 28% fewer GPs per head than Germany and 14% fewer than the average in Organisation for Economic Cooperation and Development countries.<sup>2</sup> Some continental countries spend 20% more per head than England on healthcare.

Hawkes's seductively simple solution to expand accident departments "to satisfy the demand and luxuriate in the success of this business model" is flawed. He is wrong that GPs can never diagnose a brain lesion "ever." Three of us have, in one practice, even though the risk of a brain tumour is 0.09% for headache seen in general practice.<sup>3</sup> Emergency departments are not always a safe route to specialists—one of us (PE) recently diagnosed cancer in someone after two previous attendances.

If the thousands of patients GPs see without a brain tumour all went to the emergency department, waiting lists for scans and neurologists, reporting delays, false positives, and cancers caused by medical radiation would all increase.<sup>4</sup>

A consultation in the emergency department costs £106 (€130; \$179),<sup>5</sup> three times that of a GP consultation, and £1105 more

with a computed tomography scan. NHS budgets would not "luxuriate" then.

Hawkes fundamentally misunderstands the role of GPs as the chief diagnosticians of the NHS, making over 80% of all diagnoses. Absurdly, doctors inside hospital receive NHS training for two years longer than those outside, who face a much wider range of problems with fewer investigations available. Longer and improved GP training and more GPs are the logical answer.

Competing interests: None declared.

Full response at: [www.bmj.com/content/348/bmj.g2633/rr/697021](http://www.bmj.com/content/348/bmj.g2633/rr/697021).

- 1 Hawkes N. The role of NHS gatekeeping in delayed diagnosis. *BMJ* 2014;348:g2633. (17 April.)
- 2 Organisation for Economic Cooperation and Development. Country statistical profiles, key tables from the OECD. Country statistical profile: France 2013. [www.oecd-ilibrary.org/economics/country-statistical-profile-france-2013\\_csp-fra-table-2013-1-en](http://www.oecd-ilibrary.org/economics/country-statistical-profile-france-2013_csp-fra-table-2013-1-en).
- 3 Kernick D, Ahmed F, Bahra A, Dowson A, Elrington G, Fontebasso M, et al. Imaging patients with suspected brain tumour. Guidance for primary care. *Br J Gen Pract* 2008;58:880-5.
- 4 De Gonzales A, Darby S. Risk of cancer from diagnostic X-rays: estimates for the UK and 14 other countries. *Lancet* 2004;363:345-51.
- 5 Kernick D, Williams S. Should GPs have direct access to neuroradiological investigation when adults present with headache? *Br J Gen Pract* 2011;61:409-11.

Cite this as: *BMJ* 2014;348:g3226

© BMJ Publishing Group Ltd 2014